



02-15-05

1614
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Meryl J. SQUIRES)	Group Art Unit: 1614
)	
Application No.	10/084,759)	Primary Examiner: Dwayne C. Jones
)	
Filed:	February 26, 2002)	Attorney Docket No. 2972-86588
)	
For:	Antimicrobial Prevention and)	Confirmation No. 4483
	Treatment of Human)	
	Immunodeficiency Virus and)	
	Other Infectious Diseases)	

AMENDMENT AND REPLY TO OFFICE ACTION

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Patent Office Action, mailed December 29, 2004, please amend the above-identified patent application as follows:



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/084,759
		Filing Date	February 26, 2002
		First Named Inventor	Meryl J. Squires
		Art Unit	1614
		Examiner Name	Dwayne C. Jones
Total Number of Pages in This Submission		Attorney Docket Number	2972-86588

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Express Mail Certificate Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas W. Tolpin Registration No. 27,600 Attorney for Applicant
Signature	
Date	February 14, 2005

CERTIFICATE OF TRANSMISSION/MAILING

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Attorney Docket No. 2972-86588

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Date of Deposit: February 14, 2005

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